| □Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4  |  |                             |   |   |   |  |  |                                       |        |                              |   |                 |                         |             |                          |               |                |  |
|---|--|-----------------------------|---|---|---|--|--|---------------------------------------|--------|------------------------------|---|-----------------|-------------------------|-------------|--------------------------|---------------|----------------|--|
|   |  |                             |   |   | Critical Violations                               |  |  |                                       | s      | ·                            |   |                 | 1                       | Date 6/     |                          | 5/14/2        | 14/2018        |  |
| Establishment Name LITTLE CAESARS   |  |                             |   | AS Additionated by an inition of 2400 p                       |   | Non-Critical Violations  |  |                                       |        |                              | 2   | Tim             | _                       | 2:05 F      |                          |               |                |  |
|   |  |                             |   |   | Certif  | _  | d Food Protection Manager              |                                       |        |                              | N   | -               |                         | 3:20 F      | <u>М</u>                 |               |                |  |
| ' '   |  |                             |   | Address   |   |  | City Zip Code                          |                                       |        |                              |   |                 |                         |             | ephone                   | 0.4           |                |  |
| 6/9/2019 / 22372<br>License Type  |  |                             | /22372  | 750 MAIN ST<br>Owner Name                                     |   | LEWISTON<br>Purpose of In  |  |                                       | _      |                              |   | 04240           | U4240<br>License Posted |             | 207-522-5704             |               |                |  |
|   |  | e lype<br>- EATING          | N DI ACE  |   |   |  | •                                      |                                       |        | •                            |   |                 |                         | - [         | Risk Cate                | gory          |                |  |
| IVI   | UN   | - EATING                    |   | JAD FRANCHISES INC  |   |  |  |                                       | -      | Inspecti                     |   | Yes             |                         | <u> </u>    |                          |               |                |  |
|   |  |                             | FOOL  | BORNE ILLNESS RISK FA   | СТО   | RS   | AN                                     | ID                                    | PUE    | BLIC HE                      | ALTH INTER  | VENTIONS        |                         |             |                          |               |                |  |
|   |  | ircle desigi<br>in complian | •   | (IN, OUT, N/O, N/A) for each number nce N/O=not observed N/A= | ered it   |  | ble                                    |                                       |        |                              | rk"X" in appropr  |                 |                         |             | <b>R</b><br>⊧repeat viol | ation         |                |  |
| _   |  |                             | '   |   |   |  | П                                      | С                                     | omn    |                              |   |                 |                         |             |                          |               | os R           |  |
| Co  | mpı  | iance Statu                 |   | upervision  | 1000  | Compliance Status  Potentially Hazardous Food Time/Temperature                                       |  |                                       |        |                              |   |                 |                         |             |                          | .03  11       |                |  |
| 1   |  | OUT                         | PIC present, demonstra  | ates knowledge, and   | Т   | Τ  | 1                                      |                                       |        | IN                           | Proper cooking  | j time & temp   | eratur                  | es          |                          |               |                |  |
|   |  |                             | performs duties   | loyee Health  | _   | _  | 1                                      | _                                     |        | IN                           | Proper reheati  |                 |                         |             | olding                   |               |                |  |
| 2   |  | IN                          | Management awarenes   | -   | Т   | T  |  |                                       |        | IN                           | Proper cooling  |                 |                         | es          |                          |               | $\perp$        |  |
| 3   |  | IN                          |   | g, restriction & exclusion                                    |   |  | 19                                     |                                       |        | IN                           | Proper hot hold   | <u> </u>        |                         |             |                          |               | +              |  |
|   |  |                             | Good Hyg  | jienic Practices  |   |  | 2                                      |                                       |        | IN<br>IN                     | Proper cold ho  |                 |                         |             |                          | -             | +              |  |
| <u>4</u><br>5   |  | IN<br>IN                    |   | drinking, or tobacco use                                      | _   | -  | 2                                      | _                                     |        | IN                           | Proper date ma<br>Time as a publi                         |                 |                         |             | uros & roc               | cord          | +              |  |
| Ľ   |  | IIV                         | No discharge from eyes  | mination by Hands   |   | _  | l                                      | <u></u>                               |        |                              | <u> </u>  | mer Advisory    | <u> </u>                | occu        | 4103 6100                | 2014          |                |  |
| 6   |  | IN                          | Hands clean & properly  |   | $\overline{}$                                     | Т  | t F                                    | Consumer advisory provided for raw or |        |                              |   |                 |                         |             |                          | $\overline{}$ | T              |  |
|   |  |                             |   | vith RTE foods or approved                                    | $\top$  | T  | 2:                                     | 3                                     |        | IN                           | undercooked fo  |                 |                         |             |                          |               |                |  |
| 7   |  | IN                          | alternate method prope  | • •   |   |  |  |                                       |        |                              | Highly Susce  | ptible Popula   | tions                   |             |                          |               |                |  |
| 8   |  | OUT                         | Adequate handwashing  | g facilities supplied & accessible                            |   |  | 24                                     | 4                                     |        | IN                           | Pasteurized for   | ods used; pro   | hibited                 | d food      | ds not                   |               |                |  |
|   |  |                             | Approv  | ed Source   |   |  | 1 E                                    | 1                                     |        |                              | offered   |                 |                         |             |                          |               | _              |  |
| 9   |  | IN                          | Food obtained from app  | proved source   |   |  |  | εl                                    |        | INI                          |   | Chemical        |                         |             |                          |               | _              |  |
| 10  |  | IN                          | Food received at prope  | er temperature  |   |  | 2:                                     | _                                     |        | IN                           | Food additives:   |                 |                         |             |                          |               | +              |  |
| 11  |  | IN                          | Food in good condition  | , safe, & unadulterated                                       |   |  | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓  | ٩_                                    |        | IN O-                        | Toxic substanc  |                 |                         |             | tored & us               | ed            | _              |  |
| 12  | Required records available: shellstock tags        |                             |   |   |   |  | H                                      | _                                     |        | Conformance with Approved Pr |   |                 |                         |             |                          | _             |                |  |
|   |  |                             | parasite destruction  |   |   | _  | 27                                     | 7                                     |        | IN                           | & HACCP plan  | th variance, s  | special                 | ızea        | process,                 |               |                |  |
| 12  |  | INI                         |   | om Contamination  | _   | _  | ╎╴                                     |                                       |        |                              | Tarinteer plant   |                 |                         |             |                          |               | <del>,  </del> |  |
| 13<br>14  |  | IN<br>IN                    | Food separated & protected Food-contact surfaces: cleaned and sanitized |   |   | ╁  | ł                                      | 1                                     | Risk F | actors                       | are improper prac   | ctices or proce | dures id                | lentifi     | ed as the m              | ost           |                |  |
|   | Desper disposition of actuated annuisually control |                             |   | +   | $\vdash$  | ł  |  |                                       |        | outing factors of f          |   |                 |                         |             |                          |               |                |  |
| 15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food                                 |  |                             |   |   |   | Interventions are control measures to prevent foodborne illnes                                       |  |                                       |        |                              |   |                 |                         | ess or inju | ry.                      |               |                |  |
|   |  |                             |   | GOOD  | RET/  | ٩IL  | PR                                     | AC                                    | TIC    | ES                           |   |                 |                         |             |                          |               |                |  |
|   |  |                             | Good Retail Practices are   | preventative measures to control the                          | additi  | on o   | f path                                 | hog                                   | ens,   | chemicals,                   | and physical obje   | cts into foods. |                         |             |                          |               |                |  |
| Ma  | rk "ک  | (" in box if n              | umbered item is not in com  | pliance Mark "X" in appropriat                                | e box t   | or C   | OS a                                   | and                                   | or R   | COS                          | =corrected on-site  | e during inspec | tion                    | R=r         | epeat viola              | tion          |                |  |
|   |  |                             |   |   | cos   | R  |  |                                       |        |                              |   |                 |                         |             |                          | С             | os R           |  |
| Safe Food and Water   |  |                             |   |   |   |  |  |                                       |        |                              | Proper Us   | e of Utensils   |                         |             |                          |               |                |  |
| 28 IN Pasteurized eggs used where required  |  |                             |   |   | Т   | Τ  | 41 IN In-use utensils: properly stored |                                       |        |                              |   |                 |                         |             | Т                        |               |                |  |
| 29  |  |                             |   |   |   |  | 4:                                     | 2                                     | N U    | Itensils, ed                 | quipment, & line  | ns: properly s  | tored,                  | drie        | d, & handl               | ed            |                |  |
| 30 IN Variance obtained for specialized p   |  |                             | btained for specialized p   | processing methods  |   |  | 4:                                     | 3                                     | N S    | ingle-use                    | gle-use & single-service articles: properly stored & used |                 |                         |             |                          |               |                |  |
| Food Temperature Control  |  |                             |   |   |   |  | 4                                      | 4                                     | N G    | loves use                    | d properly  |                 |                         |             |                          |               |                |  |
| 31  | IN   | •                           | oling methods used; ade   | quate equipment for   |   |  |  |                                       |        |                              | Utensils, Equip   |                 |                         |             |                          |               |                |  |
|   |  | temperatu                   |   |   | $\bot$  | $\perp$  | 4                                      | 5 1                                   | NI     |                              | -food contact su  |                 |                         |             |                          |               |                |  |
| 32  |  |                             | d properly cooked for hot holding                                       |   |   | ╄  | ↓Ļ                                     | 4                                     | Ť      |                              | signed, constru   |                 |                         |             |                          |               | +              |  |
| 33 IN Approved thawing methods used   |  |                             |   | +   | +   | 46 IN Warewashing facilities: installed, maintained, & used; test strips                             |  |                                       |        |                              |   |                 | +                       |             |                          |               |                |  |
| 34 IN Thermometers provided and accurate  |  |                             |   |   |   | ㅗ  | 47 IN Non-food contact surfaces clean  |                                       |        |                              |   |                 |                         |             |                          |               |                |  |
|   |  |                             | Food Identificati   |   |   | _  | ۱,                                     | ٠                                     | I      |                              | -   | al Facilities   |                         |             |                          |               |                |  |
| 35 N Food properly labeled; original container  |  |                             |   |   | _   | 4 ⊢  | +                                      | -                                     |        | water available;             |   |                 |                         |             |                          | +             |                |  |
| Prevention of Food Contamination  |  |                             |   | _   | _   | 49 X   Plumbing installed; proper backflow devices   50   N   Sewage & waste water properly disposed |  |                                       |        |                              |   |                 | -                       |             |                          |               |                |  |
| 36 N Insects, rodents, & animals not present  37 N Contamination prevented during food preparation, storage & display |  |                             |   |   |   | +  | 5                                      | ÷                                     |        |                              |   |                 |                         | ام ع        | leanod                   | -+            | +              |  |
| 38  | IN   |                             |   | ou preparadon, storage & display                              | <del>'                                     </del> | +  | <b>-</b> ⊢                             | -                                     | -      |                              | ties: properly co<br>refuse properly                      |                 | -                       |             |                          |               | +              |  |
| 38 IN Personal cleanliness 39 IN Wiping cloths: properly used & stored  |  |                             |   |   | +   | +  | 5:                                     | -                                     | -      |                              | cilities installed,                                       |                 |                         |             | ranieu                   | -+            | +              |  |
| 40 IN Washing fruits & vegetables   |  |                             |   |   | +   | +  | <b>-</b> ⊢                             | 4 1                                   |        |                              | entilation & light  |                 |                         |             | sed                      | -+            | $\dashv$       |  |
| ۳   |  |                             |   | 10 10   |   |  |  |                                       |        | .aoquate V                   | c.iaiaaon & ngm   | g, acaigna      | .ou ait                 | Juo Ui      |                          |               |                |  |
| Per   | son  | in Charge (                 | Signature)  | Allich  | رست   |  |  |                                       |        | _                            |   | Date:           | 6/14/2                  | 018         |                          |               |                |  |
| Hea   | ilth I   | nspector (S                 | Signature)  | Africht Cours Carriers  | cop   | e.C.   | D                                      | 200                                   | 75     | Follow-u                     | up: YES   | NO D            | ate of F                | Follov      | w-up:                    |               |                |  |

|  | State of               | Maine He        | ealth Inspect            | tion Repo | ort               | Page 2 of 4               |  |  |  |  |  |
|--|------------------------|-----------------|--------------------------|-----------|-------------------|---------------------------|--|--|--|--|--|
| Establishment Name                               |                        | As Authorized b | Date 6/14/2018           |           |                   |                           |  |  |  |  |  |
| License Expiry Date/EST. ID#<br>6/9/2019 / 22372 | Address<br>750 MAIN ST | •               | City / State<br>LEWISTON | / ME      | Zip Code<br>04240 | Telephone<br>207-522-5704 |  |  |  |  |  |
| Temperature Observations                         |                        |                 |                          |           |                   |                           |  |  |  |  |  |
| Location   |                        |                 | Notes                    |           |                   |                           |  |  |  |  |  |
| hand wash sink                                   | 117*                   | office hand was | sh sink                  |           |                   |                           |  |  |  |  |  |
| Pizza reach-in cooler                            | 36*                    |                 |                          |           |                   |                           |  |  |  |  |  |
| rest room hand sink                              | 116*                   |                 |                          |           |                   |                           |  |  |  |  |  |

Person in Charge (Signature)

Longham say 22 in Scott

Date: 6/14/2018

Health Inspector (Signature)

## **State of Maine Health Inspection Report**

Establishment Name

LITTLE CAESARS

License Expiry Date/EST. ID# Address City / State Zip Code 6/9/2019 / 22372 750 MAIN ST LEWISTON ME 04240

## **Observations and Corrective Actions**

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

1: 2-102.12: N: No Certified Food Protection Manager.

INSPECTOR NOTES: Sharing CFPM with Auburnlocation. Hiring new Lewiston, being sent to ServSafe

8: 6-301.11: N: Hand cleanser not available at hand wash sink or lavatory.

INSPECTOR NOTES: No soap. Ordered new soap dispenser.

49: 5-205.15: C: Plumbing system not properly maintained in good repair.

INSPECTOR NOTES: 3 bay sink still bublling. reverse sink pattern to comply.

Person in Charge (Signature)

Health Inspector (Signature)

Longham Say 22 in Scott L. Davis

HHE-601(a)Rev.01/07/10

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Date: 6/14/2018

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|  | Pag                    | e 4 of 4                 |    |                   |      |           |
|--|------------------------|--------------------------|----|-------------------|------|-----------|
| Establishment Name                               |                        |                          |    |                   | Date | 6/14/2018 |
| LITTLE CAESARS                                   |                        |                          |    |                   |      |           |
| License Expiry Date/EST. ID#<br>6/9/2019 / 22372 | Address<br>750 MAIN ST | City / State<br>LEWISTON | ME | Zip Code<br>04240 |      |           |

## **Inspection Notes**

No Admin. notes populated.

No CPFM

Clean rubbish outside rear receiving doors.

Fill hole in floor and seal.

Flip clean sheet pans so as not to collect debris.

Remove IHH.

Establishment allowed to re-open.

Person in Charge (Signature)

Health Inspector (Signature)

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Date: 6/14/2018